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Bib Data Sheet

CONFIRMATION NO. 5865

SERIAL NUMBER 09/841,371	FILING DATE 04/24/2001 RULE	CLASS 053	GROUP ART UNIT 3721	ATTORNEY DOCKET NO. 64,149-099
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APPLICANTS

Jean-Claude Thibault, Saint Egreve, FRANCE;
 Hubert Jansen, Jarrie, FRANCE;
 Volker Niermann, Little Falls, NJ;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 09/732,538 12/08/2000
 AND IS A CIP OF 09/421,657 10/20/1999 ABN
 WHICH IS A CIP OF 09/168,502 10/08/1998 PAT 6,382,442
 AND CLAIMS BENEFIT OF 60/082,372 04/20/1998

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 06/15/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FRANCE	4	24	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Raymond E. Scott
 Howard & Howard Attorneys, P.C.
 Suite 101
 39400 Woodward Avenue
 Bloomfield Hills ,MI 48304-5151

TITLE

Method of sealing a cartridge or other medical container with a plastic closure

FILING FEE RECEIVED 782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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**** CONTINUING DATA *******

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 and is a CIP of 09/421,657 10/20/1999 ABN - *Kern* *Eloshway 29/5/11*
 which is a CIP of 09/168,502 10/08/1998 PAT 6,382,442 *Eloshway*
 and claims benefit of 60/082,372 04/20/1998

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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
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FILING FEE RECEIVED 912	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <p><input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit</p>
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